

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF TAXATION
P.O. Box 1301
Richmond, Virginia 23218-1301

APPLICATION FOR TOBACCO TAX CREDIT CERTIFICATE

Please Print or Type ALL Applicable Information Below

NAME	PERMIT NO.	(DO NOT USE THIS SPACE)
TRADING AS		
STREET AND NUMBER		
CITY OR TOWN, STATE, AND ZIP CODE		

The above named qualified Virginia tobacco wholesaler hereby makes application to the Department of Taxation for a tobacco tax credit certificate for the reason or reasons and in the amount stated below.

REASON	No. of Stamps	Tax Value Each Stamp	Gross Tax Value
Stamps applied on carton flaps			\$
Unusable stamps on defective rolls			
Usable stamps on unopened rolls			
Stamps on unsalable tobacco products returned to manufacturer (NOTE: You may consolidate multiple affidavits on this application.)			
Other (specify)			
Total			\$
Less discount (10% of Total Claim)			
Net amount of this application for credit certificate			\$

This application is supported by the attached copy or copies of a Statement of Basis for Tobacco Tax Credit Certificate executed by an agent of the Department of Taxation on Form TT-10 and/or by the attached copy or copies of a Cigarette Manufacturer's Affidavit executed by the manufacturer concerned on Form TT-11.

_____ (Name of Qualified Wholesaler)	_____ Date
By _____ (Authorized Signature)	_____ Title